before treatment, thus developing severe metabolic derangements, will have a poor prognosis for recovery.[1,2]

Second, in developing treatment programs for patients during cardiac resuscitation, emphasis should be given to several factors: (a) adequate ventilation, which frequently requires endotracheal intubation,[3] (b) the administration of bicarbonates based on frequent measurements of pH, since no formula for its administration can be established for every patient,[4] (c) the management of the entire medical and surgical problem of the patient by an experienced and practiced team in the hospital, and (d) the early recognition of the cardiac arrest. In many instances in an operating room or a special procedures diagnostic room, ventricular fibrillation can be recognized and terminated electrically before alterations in acid-base occur.

Third, patients who have cardiac arrest frequently have an abnormal acid-base status before the arrest,[5] due to underlying disease and/or prior drug therapy. Ultimate recovery depends not only upon excellent medical management, but upon the severity of the underlying disease.

Finally, correction of acid-base abnormalities in patients during and following cardiac arrest is important to restore the effectiveness of drugs such as catecholamines and antiarrhythmic agents, to prevent the recurrence of cardiac arrhythmias, which may be enhanced by the abnormalities, and to restore the function of vital organs such as the brain, heart, lungs and kidneys.

Clearly, the recognition of altered acid-base status and its correction during the resuscitation is of critical importance. Serial determinations to guide therapy for 24 to 48 hours afterward are required in many patients. The initial severity of the acidosis and its recurrence, considered together with the clinical status of the patient and his underlying disease, permit a prediction of the ultimate prognosis, as is stressed by Carrasco and Oletta.[1]

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Where We Stand on Drug Abuse

"WHERE WE STAND ON DRUG ABUSE," a statement which appears elsewhere in this issue, was prepared by the California Medical Association's Committee on Alcoholism and the Committee on Dangerous Drugs, endorsed by the Scientific Board and the Council, and accepted by the House of Delegates in March 1973. It is our understanding that this statement was more than a year in preparation and underwent several revisions. The document as finally approved represents one of the most carefully prepared and thoughtfully reviewed official statements on the subject by the medical profession to be found anywhere.

The statement is to be commended on two grounds. First and most important, it reflects the present state of the scientific knowledge concerning drug abuse and well-informed scientific and professional opinion as to how this knowledge might best be used at this time to deal with our admittedly serious drug abuse problem. This is its most significant contribution and the one which will have the most effect on patient care and the betterment of the public health. But the report also is one of the most carefully developed official statements ever adopted by the California Medical Association. It reflects not only the expertise of the Scientific Board, but the knowledge of experienced physicians who have had long and close contact with the problems of drug abuse, and finally the collective wisdom of the medical profession in California as expressed through its leaders on the Council and its representatives in the House of Delegates. Altogether the report is an example of an important statement by organized medicine and of how such a statement can be developed within the framework of this state association.

—MSMW